

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 07-29-2008

Address: 1205 W MILL STREET

Case #: 22N43390

ANGOLA, IN 46703

County: STEUBEN

STEUBEN COUNTY

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open - No Structure
☒ Vehicle ☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Flammable Solvents: _____
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): VEHICLE
☒ Corrosive Acid: VEHICLE
☒ Corrosive Base: VEHICLE
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: STEUBEN COUNTY SHERIFF

This report is to be faxed to the following agencies that serve the location:

Fire Department: ANGOLA FIRE

Fax: 260-624-3115

Health Department: TED CRISMAN

Fax: 260-665-1418

Child Protection Service: STEUBEN
COUNTY

Fax: 260-665-8257

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: AL MARTINEZ Phone 574-234-4157

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.